		Best	AVC	ilable	Cop	Y	)	•				
PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  Application or Docket Number  09/500601												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL	ENTITY	OTHER THAN OR SMALL ENTITY			
F	OR	NUMBER FILED		NUMBER EXTRA		]	RATE	FEE		RATE	FEE	┨
BASIC FEE						3.5	7	345.00	OR	A Marian	690.00	1
TOTAL CLAIMS		4 minus 20				1	X\$ 9=		OR	X\$18=		1.
INI	DEPENDENT CLAIMS	3 n	ninus 3 =	•		1	X39=		1		<del> </del>	1
MULTIPLE DEPENDENT CLAIM PRESENT						1	A33=	ļ	PO	X78=	ļ	4
* If the difference in column 1 is less than zero, enter "0" In column 2							+130=		OR	+260=		] .
							TOTAL		OR	TOTAL	6900	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	REA	LAIMS MAINING FTER NOMENT	P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	bQ
2	Total •	15 n Minus	••	20	B .	Ŋ	X\$ 9=		OR	X\$18= /	FOT	17,
AME	Independent • FIRST PRESENTATION	Minus	••		- 73	b	X39=		OR	X78=	255	17
_	THOTPHEOENIAN	ON OF MOLITE	DEFEN	DENI COAM		ן 'ו	+130=		OR	+260=		
	•					ı	TOTAL			TOTAL		1
	(Co	lumn 1)	(6	Column 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE		
AMENDMENT B	REN	AIMS AAINING FTER NDMENT	P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total •	2) Minus	••	40	- (1)		X\$ 9=		OR	X\$18=		
	Independent • FIRST PRESENTATION	Minus ON OF MULTIPLE	•• DEPEN	<u> </u>	- CP		X39=		OR	X78 <u>=</u>		
	·						+130=		OR	+260=		
						-	TOTAL DDIT. FEE		OR	YOYAL ADDIT, FEE		
		umn 1)	(	Column 2)	(Column 3)	•			·			
ENTC	REW	AIMS IAINING FTER NDMENT		HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<b>AMÉNDMENT</b>	Total •	29 Minus	••	40	a a		X\$ 9= ·		OR	X\$18=		
ME	Independent •	A Minus	"		=	<b> </b>	X39=	-/	t	X78=	/-	
<u>ح</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							/	OR		/	
	If the entry in column 1 is:	less than the entry	n column 9	write "ff" in col	tumn 3.	L	+130=	/	OR	+260=		
**	If the "Highest Number Pr "If the "Highest Number Pr The "Highest Number Pre	eviously Paid For I reviously Paid For I	n this sp n this sp	ACE is less that ACE is less that	n 20, enter "20." n 3, enter "3."	^	TOTAL DDIT. FEE and in the app			TOTAL DOIT, FEE Jann 1.		

FORM PTO-875 (Rox. 12/99)